

**DOCUMENT # P97000099307**

1. Entity Name

**GULFSTREAM TRUCK SALES, INC.**

03-15-2000 90034 002 \*\*\*150.00

Principal Place of Business	Mailing Address
1490 N.W. 22ND STREET POMPANO BEACH FL 33069	1490 N.W. 22ND STREET POMPANO BEACH FL 33069-1426

2. Principal Place of Business <u>6801 NW 74TH AVENUE</u> Suite, Apt. #, etc.	3. Mailing Address <u>6801 NW 74TH AVENUE</u> Suite, Apt. #, etc.
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City & State <b>MIAMI, FL 33166</b>	City & State <b>MIAMI, FL 33166</b>
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Zip 33166	Country USA	Zip 33166	Country USA
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6. Name and Address of Current Registered Agent	
<b>BENDER, HARRY K ESQ</b> <b>5915 PONCE DE LEON BLVD SUITE 60</b> <b>CORAL GABLES FL 33146</b>	Name
	Street Address (If different from above)
	City

4. FEI Number	65-0796535	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] 3-8-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution.</p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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[illegible][illegible]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:**  38-00 305-888-8506

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #